Document Page 1 of 61 United States Bankruptcy Court District of Puerto Rico, San Juan Division

| IN RE: | Case No. |
|---|--|
| SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE Debtor(s) | Chapter 13 |
| VERIFICATION OF CREDITOR MATRI | IX |
| The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors | s is true to the best of my(our) knowledge |
| | |

Signature: /s/ JOSE R. SOTO VILLANUEVA
JOSE R. SOTO VILLANUEVA

Date: October 29, 2016 Signature: /s/ JOCELINE ORTIZ POLACO JOCELINE ORTIZ POLACO

CELINE ORTIZ POLACO Joint Debtor, if any

Debtor

Date: October 29, 2016

BANCO POPULAR MORTGAGE PO Box 71375 San Juan, PR 00936-8475

BC SANTANDER
PO Box 362589
San Juan, PR 00936-2589

BEST BUY CREDIT SERVICES PO Box 9001007 Louisville, KY 40290-1007

FIRST BANK OF PUERTO RICO PO Box 9146 San Juan, PR 00908-0146

Macy's American Express PO Box 183084 Columbus, OH 43218-3084

MERCEDES BENZ FINANCIAL SERVICES PO Box 5009 Carol Stream, IL 60197-5009

MERCEDES-BENZ FINANCIAL SERVICES GARAGE ISLA VERDE, INC RR #1 PO BOX 29 CAROLINA, PR 00979 SEARS CREDIT CARDS PO BOX 78051 PHOENIX, ARIZONA, AZ 85062

SISTEMA DE RETIRO AEE PO BOX 13978 SAN JUAN, PR 00908

SYNCB/JCP PR Synchrony Bank/JCP PO Box 960090 Orlando, FL 32896-0090

THE CHILDREN PLACE
PO BOX 9001006
LOUISVILLE, KY 40290-1006

THE HOME DEPOT
PO BOX 1825676
COLUMBUS, OH 43218-2676

TJX REWARDS/SYNCB PO Box 530949 Atlanta, GA 30353-0949

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B201B (FGH 201B) (650B) 627-ESL13 Doc#:1 Filed:10/29/16 Entered:10/29/16 09:55:42 Desc: Main __Document _ Page 4 of 61

United States Bankruptcy Court District of Puerto Rico, San Juan Division

| IN RE: | Case No. |
|--|------------|
| SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE | Chapter 13 |
| Debtor(s) | • |
| CERTIFICATION OF NOTICE TO CONSUMER | DEBTOR(S) |
| UNDER § 342(b) OF THE BANKRUPTCY (| CODE |
| | |

| UNDER § 342(b) OF 11 | HE BANKKUPICI CODE | |
|---|--|---|
| Certificate of [Non-Attorney | Bankruptcy Petition Preparer | |
| I, the [non-attorney] bankruptcy petition preparer signing the debt notice, as required by § 342(b) of the Bankruptcy Code. | or's petition, hereby certify that I delivered to the | debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | Social Security number petition preparer is not the Social Security num principal, responsible put the bankruptcy petition | an individual, state ober of the officer, person, or partner of |
| x | (Required by 11 U.S.C | |
| Signature of Bankruptcy Petition Preparer of officer, principal, repartner whose Social Security number is provided above. | sponsible person, or | |
| Certificate | of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received and read the | e attached notice, as required by § 342(b) of the I | Bankruptcy Code. |
| SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE | X /s/ JOSE R. SOTO VILLANUEVA | 10/29/2016 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X /s/ JOCELINE ORTIZ POLACO | 10/29/2016 |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

Date

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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF PUERTO RICO, SAN JUAN DIVISION | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | JOSE First name | JOCELINE First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | SOTO VILLANUEVA Last name and Suffix (Sr., Jr., II, III) | ORTIZ POLACO Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0088 | xxx-xx-8400 |

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Debtor 1 Debtor 2

SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| | | | |
| 5. | Where you live | URB. FOREST PLANTATION CALLE MAGA #8 CANOVANAS, PR 00729 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | County County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | URB. FOREST PLANTATION CALLE MAGA #8 | |
| | | CANOVANAS, PR 00729 Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing | Check one: | Charleson |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Debtor 2

SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | | | | | | | | |
|-----|---|----------|---------------------------------|---|---|--|--|--|--|--|
| | choosing to the under | ☐ Cha | oter 7 | | | | | | | |
| | | ☐ Cha | oter 11 | | | | | | | |
| | | ☐ Cha | oter 12 | | | | | | | |
| | | ■ Cha | oter 13 | | | | | | | |
| 8. | How you will pay the fee | — al | out how yo | u may pay. Typicall ey is submitting you | y, if you are paying the fee yourse | with the clerk's office in your local court for more details elf, you may pay with cash, cashier's check, or money or ttorney may pay with a credit card or check with a | | | | |
| | | | | | the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Ti stallments (Official Form 103A). | | | | | |
| | | | • | • | , | only if you are filing for Chapter 7. By law, a judge may, b | | | | |
| | | no yo | ot required to our family si | o, waive your fee, a ze and you are unal | nd may do so only if your income | e is less than 150% of the official poverty line that applies. If you choose this option, you must fill out the <i>Applicati</i> . | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | | | |
| | | | District | | When | Case number | | | | |
| | | | District | | When | Case number | | | | |
| | | | District | | When | Case number | | | | |
| 0. | Are any bankruptcy cases pending or being filed by | ■ No | | | | | | | | |
| | a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | | |
| | | | Debtor | | | Relationship to you | | | | |
| | | | District | | When | Case number, if known | | | | |
| | | | Debtor | | | Relationship to you | | | | |
| | | | District | | When | Case number, if known | | | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | | | |
| | | ☐ Yes. | Has yo | our landlord obtained | d an eviction judgment against yo | ou and do you want to stay in your residence? | | | | |
| | | | | No. Go to line 12. | | | | | | |
| | | | | Yes. Fill out Initial | Statement About an Eviction Ju- | dgment Against You (Form 101A) and file it with this | | | | |

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Debtor 1 Debtor 2

SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE

| Part | Report About Any Bus | sinesses Y | ou Own | as a Sole Proprietor | | | |
|--|---|--------------|-----------------|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of busine | ess | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Numb | Number, Street, City, State & ZIP Code | | | |
| | to this petition. | | Checi | | describe your business: | | |
| | | | | Health Care Business | s (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real Es | tate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as defin | ed in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker (a | s defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it code deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sh operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follows the following the following that it is considered. U.S.C. 1116(1)(B). | | | | | nall business debtor, you must attach your most recent balance sheet, statement of | | |
| | For a definition of small | No. | I am r | I am not filing under Chapter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | ling under Chapter 11 | and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | Report if You Own or | Have Any | Hazardo | us Property or Any Pi | roperty That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or | ■ No. □ Yes. | What is | he hazard? | | | |
| | safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | |
| | | | | N | umber, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Debtor 2

SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Debtor 2

SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE

| 16. | What kind of debts do | 16a. | Are your debts primarily consu | mer debts? Cons | umer debts are | e defined in 11 U.S.C.§ 101(8) as "incurred by an | | | |
|------|--|--|--|----------------------------------|--------------------|---|--|--|--|
| | you have? | | individual primarily for a personal, | family, or househol | d purpose." | | | | |
| | | | □ No. Go to line 16b. ■ Yes. Go to line 17. | | | | | | |
| | | | | | | | | | |
| | | | 6b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe th | at are not consume | r debts or busir | ness debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. G | Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do yo paid that funds will be available to | | | roperty is excluded and administrative expenses are | | | |
| | administrative expenses | | □ No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | <u></u> 5001-10,000 | | □ 50,001-100,000 | | | |
| | | □ 100-199 □ 200-999 | | □ 10,001-25,00 | 00 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$5 | 50.000 | □ \$1,000,001 - | · \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 1 - \$100,000 | □ \$10,000,001 | - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | be worth: | | 01 - \$500,000 | \$50,000,001 | | | | | |
| | | □ \$500,0 | 01 - \$1 million | □ \$100,000,00 | 11 - \$500 millior | n ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$50,000 | | □ \$1,000,001 - | \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | \$10,000,001 | | \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 □ \$100,000,00 | | | | | |
| | | — \$500,0 | 01 - \$1 IIIIII0II | | | | | | |
| Part | 7: Sign Below | | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | | hosen to file under Chapter 7, I al de. I understand the relief available | | | gible, under Chapter 7, 11,12, or 13 of title 11, Unite e to proceed under Chapter 7. | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| | | case can i | understand making a false statement, concealing property, or obtaining money or property by fraud in connection case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 //s/ JOSE R. SOTO VILLANUEVA /s/ JOCELINE ORTIZ POLACO | | | | | | |
| | | JOSE R | SOTO VILLANUEVA of Debtor 1 | | | ORTIZ POLACO | | | |
| | | Executed | October 29, 2016 MM / DD / YYYY | | Executed on | October 29, 2016 MM / DD / YYYY | | | |

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Debtor 1 Debtor 2

SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jesus E. Batista Sanchez | Date | October 29, 2016 |
|--|---------------|-----------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Jesus E. Batista Sanchez | | |
| Printed name | | |
| The Batista Law Group, PSC | | |
| Firm name | | |
| | | |
| 420 Ave. Ponce De Leon 901 | | |
| San Juan, PR 00918 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (787) 355-7104 | Email address | jesus.batista@batistalawgroup.com |
| 12817 | | |
| Bar number & State | | |

Document Page 12 of 61 Fill in this information to identify your case and this filing: Debtor 1 **JOSE R SOTO VILLANUEVA** Last Name Debtor 2 JOCELINE ORTIZ POLACO (Spouse, if filing) Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. ■ Yes. Where is the property? What is the property? Check all that apply 1.1 ☐ Single-family home Do not deduct secured claims or exemptions. Put FOREST PLANTATION CALLE MAGA the amount of any secured claims on Schedule D: ■ Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Street address, if available, or other description ■ Manufactured or mobile home Current value of the Current value of the **CANOVANAS** PR 00729 ☐ Land entire property? portion you own? State ZIP Code Investment property \$200.000.00 \$200,000.00 П Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one ☐ Debtor 1 only **CANOVANAS** Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local

Official Form 106A/B Schedule A/B: Property page 1

property identification number:

CONCRETE HOUSE THREE BEDROOMS, TWO BATH, LIVING ROOM,

DINNING ROOM, GARAGE, TERRACE AND KITCHEN.

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| 1.2 | list here: What is the property? Check all that apply | | |
|---|--|---|--|
| BARRIO HATO PUERCO Street address, if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured cla the amount of any secured Creditors Who Have Claim | d claims on Schedule D: |
| CANOVANAS PR 00729 City State ZIP Cod CANOVANAS County | Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number: UNDERLINE REAL PROPERTY DOES | | ancy by the entireties, or |
| omeone else drives. If you lease a vehicle, also re | interest in any vehicles, whether they are registered eport it on Schedule G: Executory Contracts and Unexpel·hicles, motorcycles | | cles you own that |
| □ No ■ Yes | | | |
| 3.1 Make: Mercedes-Benz Model: C-Class Year: 2005 Approximate mileage: 49789 Other information: | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: |
| 1 2005 MEDCEDES C220 | | | Current value of the portion you own? |
| 2005 MERCEDES C230 4 DOORS BLUE | ☐ Check if this is community property (see instructions) | \$5,645.00 | portion you own? |
| 4 DOORS | | Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property? | \$5,645.0 saims or exemptions. Put d claims on Schedule D: |

Official Form 106A/B Schedule A/B: Property page 2

| | Case:16-08627-ESL13 D0C#:1 Filed:10/29/16 Entered:10/29/16 09:55:47 | 2 Desc: Main |
|-----|--|---|
| | btor 1 btor 2 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE Case number (if known) | |
| | Natercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| _ | ■ No □ Yes | |
| | Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here=> | \$22,199.00 |
| | you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No No Yes. Describe 1. STOVE \$498, 2. FRIDGE \$600, 3. WASHER AND DRYER \$600, 4. MICROWAVE \$300, 5. KITCHEN UTENSILS \$200, 6. KITCHEN APPLIANCES \$200, 7. POTS AND PANS \$300, 8. LIVING ROOM SET \$600, 9. DINING ROOM SET \$300, 10. CHAIRS AND TABLES \$100, 11. BEDROOM SET \$600, 12. DRAWERS AND NIGHT TABLES \$200, 13. LAMPS AND ACCESORIES \$200, | \$4,200.00 |
| | 1. CLOTHES \$1000 2. SHOES \$600 3. COATS \$ 200 4. HATS \$200 | \$700.00 |
| | Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collect including cell phones, cameras, media players, games □ No ■ Yes. Describe 1. TV \$400 2. VCR \$100 3. DVD \$70 3. PC \$300 4. IPADS \$150 5. CELLPHONES \$200 | ions; electronic devices \$1,220.00 |
| | Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or be collections, memorabilia, collectibles ■ No □ Yes. Describe | aseball card collections; other |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and k instruments ■ No □ Yes. Describe | ayaks; carpentry tools; musica |
| | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No □ Yes. Describe | |
| 11. | Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No □ Yes. Describe | |

12. **Jewelry** *Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

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| | btor 1 btor 2 | SOTO VILL | .ANUEV | A, JOSE R & ORTIZ F | POLACO, JOCELINE Case number (if known | n) |
|-----|---------------------------|---|----------------------------|---|--|---|
| | Yes. | Describe | | TCHES \$200 2. BRA INGS \$100 5. MARR | CELETS \$100 3. NECKLACES \$400 4. IAGE RINGS \$200 | \$1,000.00 |
| | Examp ■ No | rm animals oles: Dogs, cats, Describe | birds, hor | ses | | |
| | ■ No | her personal ar | | · | Iready list, including any health aids you did not list | |
| 15. | | | | rour entries from Part 3, | including any entries for pages you have attached for | \$7,120.00 |
| | | scribe Your Fina n or have any | | s quitable interest in any (| of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | | ur wallet, in your home, in | a safe deposit box, and on hand when you file your petition | · |
| | _ 163 | | | | CASH ON HAND \$50 | \$50.00 |
| | | | | | certificates of deposit; shares in credit unions, brokerage he the same institution, list each. | ouses, and other similar |
| | | | | | Institution name: | |
| | | | 17.1. | Checking Account | SANTANDER BANK CHECKING ACCOUNT xx8245 | \$0.42 |
| | | | 17.2. | Savings Account | COOPERATIVA DE A/C EMPLEADOS AEE SAVING ACCOUNT xx3804 | \$1,007.07 |
| 18. | | | | ly traded stocks nt accounts with brokerag | e firms, money market accounts | |
| | | | | Institution or issuer name | e: | |
| | • | iblicly traded s enture | tock and i | nterests in incorporated | d and unincorporated businesses, including an interes | t in an LLC, partnership, and |
| | | Give specific in | | about them me of entity: | % of ownership: | |
| | Negotia Non-na ■ No | able instrument | s include p nents are t | ersonal checks, cashiers' nose you cannot transfer t | e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them. | |

Official Form 106A/B Schedule A/B: Property page 4

Issuer name:

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| | ebtor 1 ebtor 2 SOTO VILL | ANUEVA, JOSE R & OR | TIZ POLACO, JOCELINE | Case number (if known) | |
|-----|---|--|--|--|---|
| 21. | Retirement or pension Examples: Interests in No | | 403(b), thrift savings accounts, or of | ther pension or profit-sharing plans | |
| | Yes. List each accou | nt separately. Type of account: Pension Plan | Institution name: SISTEMA DE RETIRO DE LA AEE | DE LOS EMPLEADOS | \$115,476.47 |
| 22. | | ed deposits you have made so t | that you may continue service or use bublic utilities (electric, gas, water), to | e from a company elecommunications companies, or of | thers |
| | ☐ Yes | | Institution name or individu | al: | |
| 23. | ■ No | or a periodic payment of money assuer name and description. | y to you, either for life or for a numbe | r of years) | |
| 24. | | ion IRA, in an account in a qu 529A(b), and 529(b)(1). | ualified ABLE program, or under a | a qualified state tuition program. | |
| | ☐ Yes | nstitution name and description | n. Separately file the records of any i | nterests.11 U.S.C. § 521(c): | |
| 25. | No | | ther than anything listed in line 1 |), and rights or powers exercisab | le for your benefit |
| | ☐ Yes. Give specific in | nformation about them | | | |
| 26. | Examples: Internet don No | | nd other intellectual property Is from royalties and licensing agree | ments | |
| 27. | Examples: Building pe | and other general intangible rmits, exclusive licenses, cooperation about them | es erative association holdings, liquor li | censes, professional licenses | |
| M | oney or property owed | to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to : ■ No | | | | |
| | ☐ Yes. Give specific inf | ormation about them, including | whether you already filed the return | s and the tax years | |
| 29. | Family support Examples: Past due o ■ No | r lump sum alimony, spousal s | support, child support, maintenance | e, divorce settlement, property settle | ement |
| | ☐ Yes. Give specific inf | formation | | | |
| 30. | | | | ation pay, workers' compensation, \$ | Social Security benefits; |
| | Yes. Give specific in | formation | | | |
| 31. | No | e policies ability, or life insurance; health s ance company of each policy ar | savings account (HSA); credit, home | eowner's, or renter's insurance | |

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| Debtor 1 | Document | Page 17 of 61 | |
|-------------------------|--|--|---|
| Debtor 2 | SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, | JOCELINE Case number (if known) | |
| | Company name: | Beneficiary: | Surrender or refund value: |
| If you died. ■ No | nterest in property that is due you from someone who has di are the beneficiary of a living trust, expect proceeds from a life ins | | roperty because someone has |
| ⊔ Yes | . Give specific information | | |
| <i>Exam</i> ■ No | s against third parties, whether or not you have filed a lawsumples: Accidents, employment disputes, insurance claims, or right. Describe each claim | | |
| L res | . Describe each daim | | |
| ■ No | contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and the | ng counterclaims of the debtor and rights to se | et off claims |
| 35. Any fi | nancial assets you did not already list | | |
| ■ No | . Give specific information | | |
| | the dollar value of all of your entries from Part 4, including a 4. Write that number here | | \$116,533.96 |
| Part 5: D | escribe Any Business-Related Property You Own or Have an Interes | st In. List any real estate in Part 1. | |
| | | | |
| • | own or have any legal or equitable interest in any business-related to to Part 6. | property? | |
| Yes. | Go to line 38. | | |
| | | | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38 Accou | unts receivable or commissions you already earned | | |
| ■ No | and a receivable of commissions you already earned | | |
| ☐ Yes | . Describe | | |
| | | | |
| <i>Exan</i> ■ No | equipment, furnishings, and supplies nples: Business-related computers, software, modems, printers, co | opiers, fax machines, rugs, telephones, desks, cha | irs, electronic devices |
| ☐ Yes | . Describe | | |
| 40. Mach i | inery, fixtures, equipment, supplies you use in business, and | d tools of your trade | |
| Yes | . Describe | | |
| | 1. MECHANIC TOOLS \$200 2. HOME | TOOLS \$400.2 LAWN | |
| | MOWER \$200 4. GARDENTOOLS \$2 | | \$1,000.00 |
| 41. Inven | tory | | |
| ■ No | tory | | |
| | . Describe | | |
| | | | |
| 42. Intere | sts in partnerships or joint ventures | | |
| ■ No | | | |
| ☐ Yes | . Give specific information about them | | |

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SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE Case number (if known)

| Debtor | 1 |
|--------|---|
| Debtor | 2 |

| Debto | 12 SOTO VILLANDEVA, JUSE R & ORTIZ POLACO | , JUCELINE | Case number (if known) | |
|----------------|---|------------------------|---------------------------|------------------|
| | Name of entity: | | % of ownership: | |
| 43. C ı | stomer lists, mailing lists, or other compilations | | | |
| | lo. | | | |
| | oo your lists include personally identifiable information (as defined in 1 | 1 U.S.C. § 101(41A))? | | |
| | ■ No | | | |
| | ☐ Yes. Describe | | | |
| 44. A r | ny business-related property you did not already list | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| | | | | |
| | Add the dollar value of all of your entries from Part 5, including Part 5. Write that number here | | | \$1,000.00 |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | t In. | |
| | ii you own or have an interest in familiand, list it in Fart 1. | | | |
| 46. D c | you own or have any legal or equitable interest in any farm- | or commercial fishing | -related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| | | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | you have other property of any kind you did not already list? | | | |
| | xamples: Season tickets, country club membership | | | |
| | No Yes. Give specific information | | | |
| | res. Give specific information | | | |
| 54. / | Add the dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| | | | l | |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. F | Part 1: Total real estate, line 2 | | | \$225,000.00 |
| 56. F | Part 2: Total vehicles, line 5 | \$22,199.00 | | <u> </u> |
| 57. F | Part 3: Total personal and household items, line 15 | \$7,120.00 | | |
| 58. F | Part 4: Total financial assets, line 36 | \$116,533.96 | | |
| 59. F | Part 5: Total business-related property, line 45 | \$1,000.00 | | |
| | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. F | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. 1 | Total personal property. Add lines 56 through 61 | \$146,852.96 | Copy personal property to | sal \$146,852.96 |
| 63. 1 | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$371,852.96 |
| | | | ľ | |

Official Form 106A/B Schedule A/B: Property page 7

| | | Docume | eni Pane 19 olo L | | |
|---------------------|--------------------------|--------------------|-------------------------|-----------------------|---|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | JOSE R SOTO VI | ILLANUEVA | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION | | |
| Case number _ | | | | ☐ Check if this is ar | 1 |
| | | | | amended filing | |
| O((; : 1 E | 4000 | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | It 1: Identify the Property You Claim as | Exempt | | | | |
|----|--|--------------------------------------|--|---|------------------------------------|--|
| 1. | Which set of exemptions are you claiming | ? Check one only, even | if youi | r spouse is filing with you. | | |
| | ☐ You are claiming state and federal nonbank | kruptcy exemptions. 11 | U.S.C. | . § 522(b)(3) | | |
| | ■ You are claiming federal exemptions. 11 U | J.S.C. § 522(b)(2) | | | | |
| 2. | For any property you list on Schedule A/E | that you claim as exe | mpt, fi | II in the information below. | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | · · · · · · · · · · · · · · · · · · · | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| De | ebtor 1 Exemptions | | | | | |
| | BARRIO HATO PUERCO | \$25,000.00 | | \$23,700.00 | 11 USC § 522(d)(5) | |
| C | CANOVANAS PR, 00729 County: CANOVANAS Line from Schedule A/B. 1.2 | 1 | | 100% of fair market value, up to any applicable statutory limit | | |
| | PARRIO HATO DIJERCO | \$25,000.00 | | \$1,300.00 | 11 USC § 522(d)(5) | |
| | BARRIO HATO PUERCO CANOVANAS PR, 00729 County: CANOVANAS Line from Schedule A/B. 1.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Mercedes-Benz | \$5,645.00 | | | 11 USC § 522(d)(2) | |
| | C-Class 2005 49789 | | • | 100% of fair market value, up to any applicable statutory limit | | |
| | Line from Schedule A/B: 3.1 | | | | | |

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| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Check only one box for each exemption. | | Specific laws that allow exemption | |
|----|---|---|---------|---|---------------------|
| | 1. STOVE \$498, 2. FRIDGE \$600, 3. | Schedule A/B | _ | | 11 USC § 522(d)(3) |
| | WASHER AND DRYER \$600, 4. MICROWAVE \$300, 5. KITCHEN UTENSILS \$200, 6. KITCHEN APPLIANCES \$200, 7. POTS AND PANS \$300, 8. LIVING ROOM SET \$600, 9. DINING ROOM SET \$300, 10. CHAIRS AND TABLES \$100, 11. BEDROOM SET \$600, 12. Line from Schedule A/B: 6.1 | \$4,200.00 | • | \$4,200.00 100% of fair market value, up to any applicable statutory limit | 11 000 3 022(0)(0) |
| | 1. CLOTHES \$1000 2. SHOES \$600 3. COATS \$ 200 4. HATS \$200 | \$700.00 | | \$700.00 | 11 USC § 522(d)(3) |
| | Line from Schedule A/B. 6.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1. TV \$400 2. VCR \$100 3. DVD \$70 3. PC \$300 4. IPADS \$150 5. | \$1,220.00 | • | \$1,220.00 | 11 USC § 522(d)(3) |
| | CELLPHONES \$200 Line from Schedule A/B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1. WATCHES \$200 2. BRACELETS \$100 3. NECKLACES \$400 4. | \$1,000.00 | | \$1,000.00 | 11 USC § 522(d)(4) |
| | EARRINGS \$100 5. MARRIAGE RINGS \$200 Line from Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | CASH ON HAND \$50 Line from Schedule A/B 16.1 | \$50.00 | | \$50.00 | 11 USC § 522(d)(5) |
| | Ellie Irolli Genedale A/Z 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | SANTANDER BANK CHECKING ACCOUNT xx8245 | \$0.42 | | \$0.42 | 11 USC § 522(d)(5) |
| | Line from Schedule A/B 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | COOPERATIVA DE A/C EMPLEADOS AEE | \$1,007.07 | | \$1,007.07 | 11 USC § 522(d)(5) |
| | SAVING ACCOUNT xx3804 Line from Schedule A/B 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | SISTEMA DE RETIRO DE LOS EMPLEADOS DE LA AEE | \$115,476.47 | | \$74,958.54 | 11 USC § 522(d)(12) |
| | Line from Schedule A/B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1. MECHANIC TOOLS \$200 2. HOME TOOLS \$400 3. LAWN MOWER \$200 | \$1,000.00 | | \$1,000.00 | 11 USC § 522(d)(6) |
| | 4. GARDENTOOLS \$200 Line from Schedule A/B. 40.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 yr | years after that for case | s filed | | |

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| | | | Doddinone | 1 ago 21 01 01 | _ | | |
|----------------------------|--|--|---|--|--|--|--|
| Fill | in this informa | ation to identify your | case: | | | | |
| De | btor 1 | | | | | | |
| | | First Name | Middle Name | Last Name | |) | |
| 1 1 | btor 2 ouse if, filing) | First Name | Z POLACO Middle Name | Last Name | | | |
| Un | ited States Banl | kruptcy Court for the: | DISTRICT OF PUERTO RIG | CO, SAN JUAN DIVISION | N | | |
| | se number | | | | | | Check if this is an amended filing |
| Of | ficial For | m 106C | | | | | |
| | | | operty You Cla | im as Exem | npt | | 4/16 |
| propout a | perty you listed o | n Schedule A/B: Prope | f two married people are filing to erty (Official Form 106A/B) as you of Part 2: Additional Page as no | our source, list the propert | ty that you claim as | exempt. If n | nore space is needed, fill |
| spe app func to a | cific dollar amo licable statutor ds—may be un | ount as exempt. Alterr by limit. Some exempt limited in dollar amou ar amount and the val | exempt, you must specify the natively, you may claim the fi ions—such as those for heal int. However, if you claim an lue of the property is determ | all fair market value of the thick the aids, rights to receive exemption of 100% of fa | he property bein e certain benefits air market value u | g exempted s, and tax-ex under a law | up to the amount of any sempt retirement that limits the exemption |
| Pa | rt 1: Identify | the Property You Cla | im as Exempt | | | | |
| 1. | Which set of e | exemptions are you cl | aiming? Check one only, ever | if your spouse is filing wit | ith you. | | |
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | |
| 2. | For any prope | erty you list on Sched | ule A/B that you claim as exe | mpt, fill in the informati | on below. | | |
| | | n of the property and line nat lists this property | e on Current value of the portion you own | Amount of the exemption | on you claim | Specific law | vs that allow exemption |
| | | | Copy the value from Schedule A/B | Check only one box for e | each exemption. | | |
| De | btor 2 Exem | | | | | | |
| | Brief descriptio Line from Sche | | | o | | | |
| | | | | 100% of fair mark any applicable st | | | |
| 3. | (Subject to adju ■ No □ Yes. Did y □ No | ustment on 4/01/19 and you acquire the property | nption of more than \$160,375 every 3 years after that for case covered by the exemption within | es filed on or after the date | • • | | |
| | | | | | | | |

| Fill in this information to identify y | your case: | 01-01 | | |
|--|---|---|--|--------------------------|
| | O VILLANUEVA | | _ | |
| First Name | Middle Name Last Name | | } | |
| Debtor 2 (Spouse if, filing) JOCELINE O First Name | RTIZ POLACO Middle Name Last Name | | - | |
| United States Bankruptcy Court for t | he: DISTRICT OF PUERTO RICO, SAN JUAN D | IVISION | _ | |
| Case number | | | | |
| (if known) | | | - | if this is an |
| | | | amend | ded filing |
| Official Form 106D | | | | |
| Schedule D: Credito | rs Who Have Claims Secured | l by Propert | :y | 12/15 |
| | le. If two married people are filing together, both are equ | | | |
| needed, copy the Additional Page, fill it known). | out, number the entries, and attach it to this form. On the | e top of any additional | i pages, write your name | and case number (if |
| 1. Do any creditors have claims secure | d by your property? | | | |
| ☐ No. Check this box and submi | it this form to the court with your other schedules. You h | nave nothing else to re | eport on this form. | |
| Yes. Fill in all of the information | n below. | | | |
| Part 1: List All Secured Claims | | | | |
| | as more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| | has a particular claim, list the other creditors in Part 2. As betical order according to the creditor 's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| BANCO POPULAR | Describe the property that secures the claim: | \$181,964.29 | \$200,000.00 | \$0.00 |
| Creditor's Name | FOREST PLANTATION CALLE | Ψ101,004.20 | | Ψ0.00 |
| PO Box 71375 | MAGA 8, CANOVANAS, PR 00729 CONCRETE HOUSE THREE BEDROOMS, TWO BATH, LIVING ROOM, DINNING ROOM, GARAGE, TERRACE AND KITCHEN. As of the date you file, the claim is: Check all that apply. | | | |
| San Juan, PR 00936-8475 | | | | |
| Number, Street, City, State & Zip Code | □ Unliquidated | | | |
| Who owes the debt? Check one. | Disputed | | | |
| Debtor 1 only | Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or sections) | ırad | | |
| Debtor 2 only | car loan) | ireu | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | 3 | _ | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) MORTGAG | E | | |
| Date debt was incurred | Last 4 digits of account number 2997 | | | |
| MERCEDES BENZ | | | | |
| FINANCIAL SERVICES | Describe the property that secures the claim: | \$33,575.00 | \$16,554.00 | \$17,021.00 |
| Creditor's Name | 2013 Mercedes-Benz C-Class | | | |
| PO Box 5009 | | | | |
| Carol Stream, IL | As of the date you file, the claim is: Check all that apply. | | | |
| 60197-5009 | _ Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | ■ An agreement you made (such as mortgage or sections) | ıred | | |
| ■ Debtor 1 only □ Debtor 2 only | car loan) | ar CCI | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | er | | | |

Official Form 106D

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| Debtor 1 JOSE R SOTO VILLANI | Case number (if know) | | | | |
|--|---|---------------------|-------------|--------------|--------|
| First Name Middle N | lame Last Name | _ | | | |
| Debtor 2 JOCELINE ORTIZ POLA | ACO | | | | |
| First Name Middle N | lame Last Name | _ | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | AUTO LOAN | | | |
| Date debt was incurred | Last 4 digits of account num | ber <u>5001</u> | | | |
| 2.3 SISTEMA DE RETIRO AEE | Describe the property that secures | the claim: | \$40,517.93 | \$115,476.47 | \$0.00 |
| Creditor's Name | SISTEMA DE RETIRO DE L EMPLEADOS DE LA AEE | os | | | |
| PO BOX 13978 SAN JUAN, PR 00908 | As of the date you file, the claim is: apply. Contingent | Check all that | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as car loan) | mortgage or secured | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | RETIREMENT | | | |
| Date debt was incurred | Last 4 digits of account num | ber <u>5006</u> | | | |
| | | | | | |
| Add the dollar value of your entries in Co | | er here: | \$256,057.2 | 2 | |
| If this is the last page of your form, add the Write that number here: | ne dollar value totals from all pages. | | \$256,057.2 | 2 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Document Page 24 of 61 | |
|--|--|--|------------------------------|
| Fill in this infor | mation to identify your cas | e: | |
| Debtor 1 | JOSE R SOTO VILL | ANUEVA | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | JOCELINE ORTIZ P | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF PUERTO RICO, SAN JUAN DIVISION | |
| Case number | | | |
| (if known) | | | Check if this is an |
| | | | amended filing |
| Official Form | ∞ 106E/E | | |
| Official Form | | a Hava Haaaawaad Olaima | 40/45 |
| | | O Have Unsecured Claims art 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY cla | 12/15 |
| D: Creditors Who I the Continuation P case number (if kn | Have Claims Secured by Propo Page to this page. If you have r nown). | I Leases (Official Form 106G). Do not include any creditors with partially secured claim erty. If more space is needed, copy the Part you need, fill it out, number the entries in the no information to report in a Part, do not file that Part. On the top of any additional page | ne boxes on the left. Attach |
| | All of Your PRIORITY Unsec | | |
| | ors have priority unsecured c | laims against you? | |
| No. Go to F | Part 2. | | |
| ☐ Yes. | | | |
| Part 2: List A | All of Your NONPRIORITY L | Insecured Claims | |
| | eors have nonpriority unsecure ave nothing to report in this part. | Submit this form to the court with your other schedules. | |
| Yes. | | | |
| unsecured clai | im, list the creditor separately for | is in the alphabetical order of the creditor who holds each claim. If a creditor has more the reach claim. For each claim listed, identify what type of claim it is. Do not list claims already in the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | ncluded in Part 1. If more |
| | | | Total claim |
| 4.1 BC SA | NTANDER | Last 4 digits of account number 8009 | \$41,380.00 |
| Nonpriori | ty Creditor's Name | | |
| PO Bo | x 362589 | When was the debt incurred? | |
| | ian, PR 00936-2589 | | |
| | Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incu | urred the debt? Check one. | | |
| ☐ Debto | or 1 only | ☐ Contingent | |
| ☐ Debto | or 2 only | ☐ Unliquidated | |
| ■ Debto | or 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At leas | st one of the debtors and anothe | Type of NONPRIORITY unsecured claim: | |
| ☐ Checl | k if this claim is for a commur | | |
| debt | sim oubject to eff10 | Obligations arising out of a separation agreement or divorce that you did not | |
| | aim subject to offset? | report as priority claims | |
| ■ No | | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | Other. Specify LOAN | |

Page 25 of 61 Debtor 1 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, Debtor 2 **JOCELINE** Case number (if know) 4.2 **BC SANTANDER** Last 4 digits of account number \$5,143.00 5521 Nonpriority Creditor's Name When was the debt incurred? PO Box 362589 San Juan, PR 00936-2589 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify CREDIT ACCOUNT ☐ Yes 4.3 **BEST BUY CREDIT SERVICES** Last 4 digits of account number \$937.78 2545 Nonpriority Creditor's Name When was the debt incurred? PO Box 9001007 Louisville, KY 40290-1007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another \square Check if this claim is for a community ☐ Student loans debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other, Specify CRDIT LINE 4.4 FIRST BANK OF PUERTO RICO Last 4 digits of account number 9318 \$3,331.49 Nonpriority Creditor's Name When was the debt incurred? PO Box 9146 San Juan, PR 00908-0146 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify CREDIT ACCOUNT

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Page 26 of 61 Debtor 1 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, Debtor 2 **JOCELINE** Case number (if know) 4.5 Last 4 digits of account number \$3,684.91 Macy's American Express 1670 Nonpriority Creditor's Name When was the debt incurred? PO Box 183084 Columbus, OH 43218-3084 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify CREDIT CARD ☐ Yes 4.6 **SEARS CREDIT CARDS** Last 4 digits of account number \$1,952.25 2415 Nonpriority Creditor's Name When was the debt incurred? PO BOX 78051 PHOENIX, ARIZONA, AZ 85062 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another \square Check if this claim is for a community ☐ Student loans debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other, Specify CREDIT LINE 4.7 SYNCB/JCP PR Last 4 digits of account number 6771 \$304.05 Nonpriority Creditor's Name Synchrony Bank/JCP When was the debt incurred? PO Box 960090 Orlando, FL 32896-0090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify CREDIT LINE

report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

| Debtor 1 SOTO VILLANUEVA, JOSE R & Olebtor 2 JOCELINE | Case number (f know) | |
|---|--|-----------|
| 8 THE CHILDREN PLACE | Last 4 digits of account number 9811 | \$408.1 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO BOX 9001006 LOUISVILLE, KY 40290-1006 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ■ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify CREDIT LINE | |
| THE HOME DEPOT | Last 4 digits of account number 6431 | \$606.6 |
| Nonpriority Creditor's Name | | Ψ000.0 |
| PO BOX 1825676 COLUMBUS, OH 43218-2676 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | □ Continued | |
| _ | Contingent | |
| ■ Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| <u> </u> | | |
| ■ No □ Yes | ☐ Debts to pension or profit-sharing plans, and other similar debts | \$4.864.0 |
| ■ No □ Yes | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT LINE Last 4 digits of account number 4449 | \$4,864.0 |
| ■ No □ Yes TJX REWARDS/SYNCB Nonpriority Creditor's Name | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify | \$4,864.0 |
| ■ No □ Yes TJX REWARDS/SYNCB Nonpriority Creditor's Name PO Box 530949 | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT LINE Last 4 digits of account number 4449 | \$4,864.0 |
| ■ No □ Yes TJX REWARDS/SYNCB Nonpriority Creditor's Name | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT LINE Last 4 digits of account number 4449 | \$4,864.0 |
| TJX REWARDS/SYNCB Nonpriority Creditor's Name PO Box 530949 Atlanta, GA 30353-0949 | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT LINE Last 4 digits of account number 4449 When was the debt incurred? | \$4,864.0 |
| TJX REWARDS/SYNCB Nonpriority Creditor's Name PO Box 530949 Atlanta, GA 30353-0949 Number Street City State Zlp Code | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT LINE Last 4 digits of account number 4449 When was the debt incurred? | \$4,864.C |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify CREDIT LINE

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

☐ Disputed

☐ Student loans

report as priority claims

■ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 \square Check if this claim is for a community

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO,
Debtor 2 JOCEI NE

Debtor 2 **JOCELINE** Case number (f know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 62,612.27 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 62,612.27 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-------------------------|-----------------------|
| Debtor 1 | JOSE R SOTO V | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | JOCELINE ORTIZ | Z POLACO | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

MERCEDES-BENZ FINANCIAL SERVICES
GARAGE ISLA VERDE, INC
RR #1 PO BOX 29
CAROLINA, PR 00979

LEASE ON VEHICLE, VIN #WDDGF4HB2DR286774

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| Fill in this | information to identify your | case: | | |
|--|--|---|--|--|
| Debtor 1 | JOSE R SOTO VI | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, fill | ing) JOCELINE ORTIZ | Middle Name | Last Name | |
| United Sta | ates Bankruptcy Court for the: | DISTRICT OF PUERTO | O RICO, SAN JUAN DIVI | SION |
| Case num | her | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | |
| Sched | lule H: Your Cod | ebtors | | 12/15 |
| are filing to and number case number 1. Do No No See 2. With Califo | ogether, both are equally respect the entries in the boxes on our (if known). Answer every conjugate any codebtors? (If you have any codebtors | the left. Attach the Addituestion. You are filing a joint case, of the left in a community property New Mexico, Puerto Ricco | orrect information. If motional Page to this page. It not list either spouse as operty state or territory of Texas, Washington, and | ? (Community property states and territories include Arizona, |
| | Yes. | | | |
| | In which community state | or territory did you live? | | Fill in the name and current address of that person. |
| line 2 106D) | again as a codebtor only if the Schedule E/F (Official Form | o Code ors. Do not include your at person is a guarantor | or cosigner. Make sure | your spouse is filing with you. List the person shown in you have listed the creditor on Schedule D (Official Forr e Schedule D, Schedule E/F, or Schedule G to fill out |
| Colur | nn z. Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | Name | | | □ Schedule D, line □ Schedule E/F, line □ Schedule G, line |
| | Number Street City | State | ZIP Code | _ |
| 3.2 | Name | | | Schedule D, line Schedule E/F, line Schedule G, line |
| | Number Street City | State | ZIP Code | |

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| art 1: Pill in you information If you have attach a se information employers. Include pa self-employ Occupation | te sheet to this form. On escribe Employment remployment on. more than one job, parate page with a about additional rt-time, seasonal, or | Employment status Occupation Employer's name | | Debtor 2 or non-filing spouse Employed Not employed DENTAL ASSISTANT |
|--|--|--|--|--|
| art 1: D Fill in you information If you have attach a seinformation employers. Include pa self-employ | te sheet to this form. Onescribe Employment on. more than one job, parate page with a about additional ort-time, seasonal, or yed work. | Employment status Occupation Employer's name | Debtor 1 Employed Not employed TECHNICIAN AUTORIDAD DE ENERGIA | Debtor 2 or non-filing spouse Employed Not employed DENTAL ASSISTANT |
| art 1: D Fill in you information If you have attach a se information | te sheet to this form. Onescribe Employment r employment on. more than one job, parate page with a about additional | n the top of any addition | Debtor 1 Employed Not employed | Debtor 2 or non-filing spouse Employed Not employed |
| art 1: D Fill in you information If you have attach a se information | te sheet to this form. Onescribe Employment r employment on. more than one job, parate page with a about additional | n the top of any addition | Debtor 1 Employed | Debtor 2 or non-filing spouse Employed |
| art 1: D Fill in you information If you have | te sheet to this form. Onescribe Employment r employment on. more than one job, | n the top of any addition | Debtor 1 | Debtor 2 or non-filing spouse |
| art 1: D | te sheet to this form. On escribe Employment remployment | | al pages, write your name and o | case number (if known). Answer every question |
| tach a separat | te sheet to this form. O | | | |
| Schedule as complete applying corre | e I: Your Inco | ole. If two married people are married and not filing | | MM / DD/ YYYY 12 13 14 Debtor 2), both are equally responsible for ag with you, include information about your personal to record the second of the secon |
| Official F | orm 106l | | | income as of the following date: |
| case number known) | | | | ☐ An amended filing ☐ A supplement showing postpetition chapter |
| | ankruptcy Court for the: | DISTRICT OF PUERTO | O RICO, SAN JUAN | Check if this is: |
| ebtor 2 pouse, if filing) | JOCELINE O | RTIZ POLACO | - | |
| | | | | |
| ebtor 1 | JOSE R SOT | O VILLANUEVA | | |

unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse

- List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.
- 3. Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

| ming operate | | | | |
|--------------|------|----------|------|----|
| 1,918.43 | \$ | 7,719.83 | \$_ | 2. |
| 0.00 | +\$_ | 0.00 | +\$_ | 3. |
| 1,918.43 | \$_ | 7,719.83 | \$_ | 4. |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 2 | SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE | _ | Case | number (if known) | | | |
|-----|-------------|---|---------|------------------|-------------------|------------|---------------|-------|
| | | | | For | r Debtor 1 | For Debto | | |
| | Con | vy line 4 hore | 4. | \$ | 7 740 02 | non-filing | | |
| | Сор | y line 4 here | 4. | Φ_ | 7,719.83 | Φ | 1,918.43 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 763.23 | \$ | 146.77 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 807.47 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 1,261.59 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 1,079.72 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$_ | 84.50 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: COOPAEE | 5h.+ | _ | | + \$ | 0.00 | |
| | | CAMPAÑA BENEFICA | _ | \$_ | 9.38 | \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 4,473.89 | \$ | 146.77 | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 3,245.94 | \$ | 1,771.66 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 350.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$- | | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | ob. | Ψ_ | 0.00 | Ψ | 0.00 | |
| | 00. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$- | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ - | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | * <u>-</u> \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$_ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 350.00 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 3,595.94 + \$_ | 1,771.66 | 5 _ 5,36 | 67.60 |
| 11. | Incluothe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not available: | ependen | | • | | . + \$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result is that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | Combined | 67.60 |
| 13 | Do v | ou expect an increase or decrease within the year after you file this form? | ? | | | | monthly inco | ome |
| | □ □ | No. Yes. Explain: | - | | | | | |
| | | 1 1 | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill in this | s informat | ion to identify yo | nr case. | | | I | | |
|---|----------------------------------|--|--------------------------|--|------------------------|--------------|--------------------------------------|---|
| Debtor 1 | o imorrida | | | NILIEVA | | Cho | ck if this is: | |
| Deploi | | JOSE R SOT | O VILLA | NUEVA | | Che | An amended filing | |
| Debtor 2 | | JOCELINE O | RTIZ PO | LACO | | | A supplement show expenses as of the | ring postpetition chapter 13 |
| (Spouse, | if filing) | | | | | | expenses as or the | following date: |
| United Sta | ates Bankru | iptcy Court for the: | DISTRIC DIVISIO | CT OF PUERTO RICO, SA | AN JUAN | | MM / DD / YYYY | |
| Case num (If known) | | | | | | | | |
| | | rm 106J | | | | 1 | | |
| | | J: Your E | | | | | | 12/1 |
| information (if know Part 1: | tion. If mo n). Answe | ore space is nee er every questio be Your Housel | eded, attac on. | f two married people are h another sheet to this fo | | | | supplying correct ur name and case numbe |
| | No. Go to | | | | | | | |
| _ | | Debtor 2 live in | ı a separa | te household? | | | | |
| | ■ No |) | • | | | | | |
| | _ ::: | | t file Officia | al Form 106J-2, <i>Expenses</i> i | for Separate Househ | noldof Debto | or 2. | |
| 2. Do | vou have | dependents? | □ No | | | | | |
| Do | • | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| Do | not state t | :he | | | | | | ■ No |
| | pendents r | | | | SON | | 21 | Yes |
| | | | | | DAUGHTER | | | □ No ■ Yes |
| | | | | | SON | | 9 | □ No ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| exp | enses of | enses include people other th your dependen | an \Box | No Yes | | | | |
| | e your expes as of a | | ur bankru | r Expenses ptcy filing date unless yo is filed. If this is a suppl | | | | |
| value of | expenses such ass Form 106 | istance and hav | on-cash go /e include | overnment assistance if to dit on Schedule I: Your I | you know the Income | | Your exp | enses |
| (************************************** | | , | | | | | | |
| | | home ownersh any rent for the | | es for your residence. In ot. | clude first mortgage | 4. | \$ | 1,139.00 |
| lf n | ot include | ed in line 4: | | | | | | |
| 4a. | Real es | state taxes | | | | 4a. | \$ | 0.00 |
| 4b. | -1- | ty, homeowner's, | | | | 4b. | · | 0.00 |
| 4c. | | | | pkeep expenses | | 4c. | : | 125.00 |
| 4d. | | wner's association | | | o o o o o ib - l | 4d. | | 0.00 |
| 5. Ad | uitionai m | ortgage payme | nts for you | ur residence, such as hon | ie equity loans | 5. | Φ | 0.00 |

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| btor 1 | SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, | _ | | |
|--------|--|-----------------------|----------------|----------------------------|
| otor 2 | JOCELINE | Case num | ber (if known) | |
| Utili | ies: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 204.77 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 39.77 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 199.10 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Foo | I and housekeeping supplies | 7. | \$ | 800.00 |
| Chil | dcare and children's education costs | 8. | \$ | 160.00 |
| Clot | ning, laundry, and dry cleaning | 9. | \$ | 298.00 |
| Pers | onal care products and services | 10. | \$ | 73.00 |
| Med | ical and dental expenses | 11. | \$ | 0.00 |
| Trar | sportation. Include gas, maintenance, bus or train fare. | | · - | |
| | ot include car payments. | 12. | \$ | 400.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 260.00 |
| Cha | itable contributions and religious donations | 14. | \$ | 0.00 |
| | rance. | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | 45- | • | |
| | Life insurance | 15a. | | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | · | 20.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| Spe | s. Do not include taxes deducted from your pay or included in lines 4 or 20. ifv: | 16. | \$ | 0.00 |
| • | illment or lease payments: | | Ť | 0.00 |
| | Car payments for Vehicle 1 | 17a. | \$ | 678.53 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| You | payments of alimony, maintenance, and support that you did not report a | ıs | | |
| | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | . 18. | · - | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | · | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sch Mortgages on other property | iedule I: You 20a. | | 0.00 |
| | Real estate taxes | 20a. 20b. | | 0.00 |
| | | 20b. 20c. | · | 0.00 |
| 20d. | Property, homeowner's, or renter's insurance | | · | 0.00 |
| | and the second s | 20d. | · | 0.00 |
| 20e. | | 20e. | \$ | 0.00 |
| | r: Specify: ALARM SYSTEM | 21. | · · · — — — | 40.00 |
| | roximated expense on rental of property | | +\$ | 50.00 |
| | O EXPRESSO | | +\$ | 40.00 |
| | O MAINTENANCE | | +\$ | 75.00 |
| | DKS AND SUPPLIES | | +\$ | 25.00 |
| BO | TH CHILDREN'S SCHOOL EXPENSES | | +\$ | 70.00 |
| | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 4,697.17 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,697.17 |
| | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,367.60 |
| | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,697.17 |
| 23c. | Subtract your monthly expenses from your monthly income. | 23c. | \$ | 670.43 |
| | The result is your monthly net income. | 200. | | 0.0.10 |
| For e | ou expect an increase or decrease in your expenses within the year after y xample, do you expect to finish paying for your car loan within the year or do you expect y ication to the terms of your mortgage? | | | e or decrease because of a |
| | 0. | | | |
| ΠY | es. Explain here: | | | |

| Fill in this inform | nation to identify your | 00001 | | |
|--|---|---|---|--|
| FIII III UIIS IIIION | nation to identify your | case. | | |
| Debtor 1 | JOSE R SOTO VI | | | |
| | First Name | Middle Name | Last Name | 1 |
| Debtor 2 | JOCELINE ORTIZ | Z POLACO | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| If two married pe You must file this obtaining money | ople are filing together s form whenever you fil | , both are equally respon le bankruptcy schedules n connection with a bankr | Debtor's Schedules sible for supplying correct information. or amended schedules. Making a false struptcy case can result in fines up to \$250, | atement, concealing property, or |
| Sign | n Below | | | |
| Did you pa | y or agree to pay some | one who is NOT an attorr | ey to help you fill out bankruptcy forms? | |
| ■ No | | | | |
| ☐ Yes. N | Name of person | | | Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119) |
| • | Ity of perjury, I declare e true and correct. | that I have read the sumn | nary and schedules filed with this declara | ition and |
| X /e/.IO | SE R. SOTO VILLAN | UFVΔ | X /s/ JOCELINE ORTIZ POI | ACO |
| | R SOTO VILLANUE | | JOCELINE ORTIZ POLAC | |
| | re of Debtor 1 | 14.5 | Signature of Debtor 2 | |
| Date | October 29, 2016 | | Date _October 29, 2016 | |

| | Ousc.1 | O OOOZI LOLI | Docume | ent Page 36 of 61 | | 2 000 | o. man |
|-------------|------------------------------------|---|---|--|---------------------------|-------------|-------------------------------|
| Fill | in this inform | ation to identify your | | ago oo o o o o | | | |
| De | btor 1 | JOSE R SOTO V | ILLANUEVA | | | | |
| | | First Name | Middle Name | Last Name | | | |
| 1 | btor 2 ouse if, filing) | JOCELINE ORTIZ | Z POLACO Middle Name | Last Name | | | |
| Uni | ited States Ban | kruptcy Court for the: | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION | | | |
| | se number | | | | | ☐ Check | c if this is an |
| , | , | | | | | _ | ded filing |
| | | m 106Sum | d 1 inhilitin | al Cantain Ctatiatia | l lufamatian | | |
| | | | | d Certain Statistica | | | 12/15 |
| info you | ormation. Fill of original form | ut all of your schedule | es first; then complete the | re filing together, both are eq information on this form. If y the box at the top of this page | ou are filing amended | | |
| | | | | | | Your a | ssets f what you own |
| 1. | | 3: Property (Official Fo 55, Total real estate, f | | | | \$ | 225,000.00 |
| | 1b. Copy line | 62, Total personal pro | perty, from Schedule A/B | | | \$ | 146,852.96 |
| | 1c. Copy line | 63, Total of all propert | y on Schedule A/B | | | \$ | 371,852.96 |
| Pai | rt 2: Summa | rize Your Liabilities | | | | | |
| | | | | | | | abilities t you owe |
| 2. | | | aims Secured by Property (nn AAmount of claim, at the | Official Form 106D) bottom of the last page of Part | 1 of Schedule D | \$ | 256,057.22 |
| 3. | | | Unsecured Claims (Official I | Form 106E/F) s) from line 6e &chedule E/F | | \$ | 0.00 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured cla | aims) from line 6j &chedule E/F | <u>-</u> | \$ | 62,612.27 |
| | | | | | Your total liabilities | \$ | 318,669.49 |
| Pai | rt 3: Summa | rize Your Income and | Expenses | | | | |
| 4. | | our Income(Official Fo | | | | \$ | 5,367.60 |
| 5. | | Your Expenses (Official onthly expenses from lin | | | | \$ | 4,697.17 |
| Pai | rt 4: Answer | These Questions for | Administrative and Statis | tical Records | | | |
| 6. | - | | er Chapters 7, 11, or 13? on this part of the form. Chec | ck this box and submit this form | to the court with your or | ther schedu | les. |
| | _ | | | | | | |

- Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.
 - ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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SOTO VILLANUEVA, JOSE R & ORTIZ Debtor 1 Debtor 2

POLACO, JOCELINE Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. 8.

5,481.43

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill in th | nis inform | ation to identify your | case: | | | |
|-------------------------|----------------|-----------------------------------|--|------------------------------------|--|---------------------------------------|
| Debtor 1 | ĺ | JOSE R SOTO V | ILLANUEVA | | | |
| D.1. | | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, | | JOCELINE ORTI | Middle Name | Last Name | | |
| United S | States Ban | kruptcy Court for the: | DISTRICT OF PUERTO F | RICO, SAN JUAN DIVISION | | |
| Case nu | ımber | | | | | N. 1 27 41 |
| (if known) | | | | | - | Check if this is an Imended filing |
| | | | | | | |
| | | <u>m 107</u> | | | | |
| State | ment | of Financial A | Affairs for Individ | luals Filing for E | ankruptcy | 4/16 |
| | | | | | qually responsible for supply additional pages, write your | |
| (if knowr | n). Answe | r every question. | · | | , , | |
| Part 1: | Give De | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. Wha | at is your | current marital statu | s? | | | |
| | Married | | | | | |
| | Not marr | ied | | | | |
| 2. Dur | ing the las | st 3 vears, have vou l | lived anywhere other than w | here vou live now? | | |
| _ | | , , , | , | | | |
| | No Vec List | all of the places you liv | red in the last 3 years. Do not i | oclude where you live now | | |
| _ | | . , | ed in the last 3 years. Do not i | , | | |
| Del | btor 1 Pric | or Address: | Dates Debtor 1 I there | ived Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| 3 Witl | hin the las | st 8 years did you ey | er live with a snouse or lega | ıl equivalent in a communi | ty property state or territory? | (Community property |
| | | | | | co, Texas, Washington and Wi | |
| | No | | | | | |
| | | ce sure you fill out <i>Sch</i> e | edule H: Your Codebtors (Offic | cial Form 106H). | | |
| | | | , | | | |
| Part 2 | Explain | the Sources of Your | Income | | | |
| | | | ployment or from operating u received from all jobs and a | | ar or the two previous calend | lar years? |
| | | , | ave income that you receive to | , 01 | | |
| | No | | | | | |
| | Yes. Fill i | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| From Ja | anuary 1 c | of current year until | ■ Wages, commissions, | \$32,074.00 | ■ Wages, commissions, | \$14,166.00 |
| | • | for bankruptcy: | bonuses, tips | | bonuses, tips | ÷ ., |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Debtor 1
Debtor 2
Debtor 2
Debtor 2
Debtor 3
Debtor 4
Debtor 2
Decomment Page 39 of 61
Case number (if known)

| | | | | Debtor 1 | | Debtor 2 | | |
|-------------------------|---|--|---|---|---|--|-------------------------|---|
| For last calendar year: | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of ince Check all that a | | Gross income (before deductions and exclusions) | | |
| | | ■ Wages, commissions, bonuses, tips | \$45,704.0 | ■ Wages, combonuses, tips | missions, | \$21,550.00 | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$42,370.0 | 0 ■ Wages, com bonuses, tips | missions, | \$21,550.00 |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| 5. | Include incother publication you are fili | come regard ic benefit par ng a joint ca | less of wheth ments; pens se and you h | ne during this year or the two er that income is taxable. Exan sions; rental income; interest; di ave income that you received to ome from each source separate | nples of other income are a ividends; money collected fi ogether, list it only once und | llimony; child support; rom lawsuits; royalties; ler Debtor 1. | | |
| | _ | Fill in the de | etails. | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. | Are eithe ☐ No. | Neither De individual p | ebtor 1 nor lorimarily for a | "s debts primarily consumer Debtor 2 has primarily consu personal, family, or household | imer debts. Consumer del purpose." | | .S.C. § 101(| (8) as "incurred by an |
| | | • | • | ore you filed for bankruptcy, did - | you pay any creditor a tota | I of \$6,425* or more? | | |
| | | □ No. | Go to line | | | | | |
| | | Yes | creditor. D | each creditor to whom you paid to not include payments for do to an attorney for this bankruptout ton 4/01/19 and every 3 years | mestic support obligations cy case. | , such as child suppor | t and alimor | |
| | ■ Yes. | Debtor 1 | or Debtor 2 | or both have primarily consumer you filed for bankruptcy, did | ımer debts. | • | dolinon. | |
| | | ■ No. | Go to line | 7. | | | | |
| | | □ Yes | payments | each creditor to whom you paid for domestic support obligation uptcy case. | | | | |
| | Creditor | 's Name and | d Address | Dates of paymo | ent Total amount | • | Was this | payment for |
| 7. | <i>Insiders</i> in which you | clude your re are an office | elatives; any er, director, p | r bankruptcy, did you make a general partners; relatives of ar erson in control, or owner of 20 prietor. 11 U.S.C. § 101. Includ | ny general partners; partner % or more of their voting se | ships of which you are ecurities; and any mana | a general paging agent, | artner; corporations of , including one for a |
| | ■ No □ Yes. | List all paym | ents to an in | sider. | | | | |
| | Insider's | Name and | Address | Dates of payme | ent Total amount | • | Reason f | or this payment |

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Document Page 40 of 61 Debtor 1 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE Case number (if known) Debtor 2 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you still owe paid Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. п Yes. Fill in the information below. **Creditor Name and Address** Value of the Describe the Property Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per Describe the gifts Dates you gave Value person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Part 6: List Certain Losses

more than \$600

Charity's Name

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Describe what you contributed

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total

Address (Number, Street, City, State and ZIP Code)

Value

Dates you

contributed

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| | otor 1 btor 2 SOTO VILLANUEVA, JOSE R | | Document Page 41 of 6 IZ POLACO, JOCELINE C | i1 ase number | if known) | |
|-----|---|----------------------|--|------------------|---|------------------------|
| | or gambling? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | the amount that insurance has paid. Lice claims on line 33 of Schedule A/B: P. | st pending | Date of your loss | Value of property lost |
| Pai | tt 7: List Certain Payments or Transfer | s | | | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition pro- | preparing | g a bankruptcy petition? | | | y to anyone you |
| | No■ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | í ou | Description and value of any prope transferred | rty | Date payment or transfer was made | Amount of payment |
| | The Batista Law Group, PSC 420 Ave. Ponce De Leon 901 San Juan, PR 00918 | | RETAINER \$2,250.00 FILING FEE \$310.00 | | | \$2,560.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer that | ditors or | to make payments to your creditors? | | transfer any propert | y to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prope transferred | rty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfers gifts and transfers that you have already list. No | ur busine made as | ss or financial affairs? security (such as the granting of a secu | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | ny property or received or debts change | Date transfer was made |
| 19. | Person's relationship to you Within 10 years before you filed for banl | cruptcy, c | did you transfer any property to a sel | f-settled trus | t or similar device of | f which you are a |
| | beneficiary? (These are often called asset | | | | | - |

■ No

Name of trust

☐ Yes. Fill in the details.

Description and value of the property transferred

Date Transfer was

made

| Del | otor | Case:16-08627-ESL13 Doc | | 16 Entero Page 42 o | | 9/16 09:55:42 | Desc: Main |
|-----|------------|--|---|------------------------|-------------|---|--------------------------|
| | otor | | ORTIZ POLACO, JOC | ELINE | Case num | ber (if known) | |
| Pa | O. | List of Cartain Einanaial Assaunts Inc | trumanta Safa Danasit E | Payas and Sta | rogo Unito | | |
| | rt 8: | , | | • | | | |
| 20. | sol Inc | thin 1 year before you filed for bankruptcy ld, moved, or transferred? clude checking, savings, money market, or uses, pension funds, cooperatives, associ No Yes. Fill in the details. | r other financial account | s; certificates | of deposit; | | , , |
| | _ | ame of Financial Institution and | Last 4 digits of | Type of acco | unt or | Date account was | Last balance before |
| | A | ddress (Number, Street, City, State and ZIP ode) | account number | instrument | | closed, sold, moved, or transferred | closing or transfer |
| 21. | | you now have, or did you have within 1 y sh, or other valuables? | ear before you filed for b | bankruptcy, an | y safe depo | osit box or other deposi | tory for securities, |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ame of Financial Institution ddress (Number, Street, City, State and ZIP Code) | Who else had acco Address (Number, St and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Ha | ve you stored property in a storage unit o | r place other than your h | nome within 1 | year before | you filed for bankruptc | y? |
| | | No Yes. Fill in the details. | | | | | |
| | | ame of Storage Facility ddress (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | rt 9: | Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | | you hold or control any property that son meone. | neone else owns? Includ | de any propert | y you borro | owed from, are storing fo | or, or hold in trust for |
| | | No Yes. Fill in the details. | | | | | |
| | | wner's Name ddress (Number, Street, City, State and ZIP Code) | Where is the proposition (Number, Street, City, S Code) | | Describe | the property | Value |
| Pai | rt 10 | Give Details About Environmental Info | rmation | | | | |
| | | | | | | | |
| U | uie | purpose of Part 10, the following definition | ιιο αμμιγ. | | | | |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

| , 0 | • | • | • | • | • | | |
|--|-----------|---|---|---|---------------|-----------------------------------|----------------|
| No Yes. Fill in the details. | | | | | | | |
| me of site dress (Number, Street, City, State and | ZIP Code) | | Governmenta Address (Numb ZIP Code) | | ty, State and | Environmental law, if you know it | Date of notice |

Case:16-08627-ESL13 Doc#:1 Filed:10/29/16 Entered:10/29/16 09:55:42 Document Page 43 of 61 Debtor 1 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE Case number (if known) Debtor 2 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Environmental law, if you Date of notice Name of site Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Address (Number, Street, City, State and ZIP Code)

Yes. Fill in the details below.

■ No

Name

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ JOSE R. SOTO VILLANUEVA
JOSE R SOTO VILLANUEVA
Signature of Debtor 1

Date October 29, 2016

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
□ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Date Issued

a ...

■ No

☐ Yes. Name of Person_____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Fill in this information to identify your case: | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Debtor 1 | Debtor 1 JOSE R SOTO VILLANUEVA | | | | | | | |
| Debtor 2 (Spouse, if filing) | 000221112 0111121 027100 | | | | | | | |
| United States Ba | United States Bankruptcy Court for the: District of Puerto Rico, San Juan Division | | | | | | | |
| Case number (if known) | | | | | | | | |

| Check | as directed in lines 17 and 21: | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| 1 | According to the calculations required by this Statement: | | | | | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | | Colui Debt | | mn B or 2 or filing spouse |
|----|---|--------------------------------|-----------------------|---------------------------------|---------------|----------|--------------------------------------|
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and co | mmissio | ns (before all | \$ | 3,563.00 | \$ 1,918.43 |
| | Alimony and maintenance payments. Do not include Column B is filled in. | e payme | nts from a | a spouse if | \$ | 0.00 | \$ 0.00 |
| • | All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your household roommates. Include regular contributions from a spour Do not include payments you listed on line 3 | t. Include , your de | e regular pendents | contributions , parents, and | \$ | 0.00 | \$ 0.00 |
| | Net income from operating a business, profession, or farm | Debtoi | · 1 | | | | |
| | Gross receipts (before all deductions) | \$_ | 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ _ | 0.00 | | | | |
| | Net monthly income from a business, profession, or fa | ırm \$ _ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| j. | Net income from rental and other real property | Debtoi | 1 | | | | |
| | Gross receipts (before all deductions) | \$_ | 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$_ | 0.00 | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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SOTO VILLANUEVA, JOSE R & ORTIZ POLACO,

Debtor 1

JOCELINE Debtor 2 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit 0.00 0.00 under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3,563.00 1,918.43 5,481.43 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 5,481.43 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 5,481.43 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5,481.43 15a. Copy line 14 here⇒ Multiply line 15a by 12 (the number of months in a year). **x** 12 65,777.16 15b. The result is your current monthly income for the year for this part of the form.

| Debtor 1 | SOT | TO VILLANUEVA, JOSE R & ORTIZ P | ocument Page | e 46 of 61 | iz De: | SC. Main |
|----------------|-------------------|---|------------------------------|--|-------------|------------------|
| Debtor 2 | JOC | CELINE | | Case number (if known) | | |
| 16. C a | alculate | the median family income that applies to | you. Follow these steps | : | | |
| 16 | Sa. Fill in | the state in which you live. | PR | | | |
| 16 | 8b. Fill ir | n the number of people in your household. | 5 | | | |
| | | the median family income for your state and | d size of household | | Φ. | 36,077.00 |
| 10 | To fi | nd a list of applicable median income amount actions for this form. This list may also be avai | ts, go online using the li | | Φ_ | |
| 17 H | | he lines compare? | lable at the bankruptcy c | derk's office. | | |
| | 'a. □ | • | | | | ermined under 11 |
| 17 | 7b. ■ | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation of Your Dispos | | | |
| Part 3: | Ca | Iculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. C c | ору уог | ır total average monthly income from line | 11 . | | \$ | 5,481.43 |
| 19. De | educt that calcul | ne marital adjustment if it applies. If you are lating the commitment period under 11 U.S.C. opy the amount from line 13. | e married, your spouse is | not filing with you, and you contend | | |
| 19 | a. If the | e marital adjustment does not apply, fill in 0 or | n line 19a. | | -\$ | 0.00 |
| 19 | 9b. Subt | ract line 19a from line 18. | | | \$ | 5,481.43 |
| 20. C a | alculate | your current monthly income for the year | . Follow these steps: | | | |
| 20 | a. Copy | y line 19b | | | \$_ | 5,481.43 |
| | Multi | ply by 12 (the number of months in a year). | | | | x 12 |
| 20 | b. The | result is your current monthly income for the ye | ear for this part of the for | m | \$_ | 65,777.16 |
| 20 | ос. Сору | the median family income for your state and s | size of household from lin | ne 16c | \$_ | 36,077.00 |
| 21 | l. How | do the lines compare? | | | | |
| | | Line 20b is less than line 20c. Unless otherwi is 3 years. Go to Part 4. | se ordered by the court, | on the top of page 1 of this form, check | box 3, The | commitment peri |
| | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | less otherwise ordered b | by the court, on the top of page 1 of this | form, check | obox 4, The |
| Part 4: | Sic | n Below | | | | |

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ JOSE R. SOTO VILLANUEVA

JOSE R SOTO VILLANUEVA

Signature of Debtor 1

Date October 29, 2016

MM / DD / YYYY

X /s/ JOCELINE ORTIZ POLACO

JOCELINE ORTIZ POLACO

Signature of Debtor 2

Date October 29, 2016

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| Fill in this information to identify you | r case: | |
|---|---|--------------------------------------|
| Debtor 1 JOSE R SOTO VILL | ANUEVA | |
| Debtor 2 JOCELINE ORTIZ PO (Spouse, if filing) | DLACO | |
| United States Bankruptcy Court for the: | District of Puerto Rico, San Juan Division | |
| Case number(if known) | | ☐ Check if this is an amended filing |

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5 Living 0 Housing

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,850.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1
Debtor 2
Debtor 2
Debtor 3
Debtor 4
Debtor 5
Debtor 6
Debtor 7
Debtor 7
Debtor 7
Debtor 9
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 3
Debtor 1
Debtor 2
Debtor 3
Debtor 3
Debtor 4
Debtor 3
Debtor 4
Debtor 4
Debtor 5
Debtor 6
Debtor 7
Deb

| Peop | le w | who are under 65 years of age | | | | | | | |
|------------|---|--|----------------------|---------------|--------------------|-------------------|----------------|---------------------------------|--|
| | 7a. | Out-of-pocket health care allowance per person | \$ 5 | 4 | | | | | |
| | 7b. | Number of people who are under 65 | X 5 | | | | | | |
| | 7c. | Subtotal. Multiply line 7a by line 7b. | \$ 270.0 | <u>o</u> | Copy here=> | \$27 | 0.00 | | |
| Peop | le w | who are 65 years of age or older | | | | | | | |
| | 7d. | Out-of-pocket health care allowance per person | \$13 | <u>0</u> | | | | | |
| | 7e. | Number of people who are 65 or older | xo | | | | | | |
| | 7f. | Subtotal. Multiply line 7d by line 7e. | \$0.0 | <u>0</u> | Copy here=> | \$ | 0.00 | | |
| | 7g. | Total. Add line 7c and line 7f | | \$ | 70.00 | Copy tota | l here=> | \$270.00 | |
| Base purpo | Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate | | | | | | | | |
| 8. | Hou | ons for this form. This chart may also be available using and utilities - Insurance and operating expendollar amount listed for your county for insurance and county for in | ses: Using the n | umber of peop | | ed in line 5, fil | l in \$_ | 624.00 | |
| 9. | Hou | sing and utilities - Mortgage or rent expenses: | | | | | | | |
| ! | 9a. | Using the number of people you entered in line 5, fil listed for your county for mortgage or rent expenses. | l in the dollar am | ount | | \$ 83 | 3.00 | | |
| ! | 9b. | Total average monthly payment for all mortgages and To calculate the total average monthly payment, add contractually due to each secured creditor in the 60 m bankruptcy. Next divide by 60. | d all amounts tha | t are | ome. | | | | |
| | | Name of the creditor | Average n payment | nonthly | | | | | |
| | | BANCO POPULAR MORTGAGE | \$ | ,139.00 | | | | | |
| | | 9b. Total average monthly payme | nt \$1 | 420 00 | Copy here=> -\$ | . 1,1 | | Repeat this amount on line 33a. | |
| | 9c. | Net mortgage or rent expense. | | | | | | | |
| | | Subtract line 9b (total average monthly paymen) from rent expense). If this number is less than \$0, enter \$ | | ge or | \$ | 0.00 | Copy here=> | \$ | |
| | | ou claim that the U.S. Trustee Program's division o | | | | ncorrect and | | \$ | |
| | Ex | plain why: | | | | | | | |

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SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, Debtor 1 Debtor 2 **JOCELINE** Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating 502.00 expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: , MERCEDES BENZ 2013 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **MERCEDES BENZ FINANCIAL SERVICES** 350.57 Repeat this Copy amount on **Total Average Monthly Payment** 350.57 350.57 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if the numbert is less than \$0, enter \$0. expense here 120.43 120.43 \$ Vehicle 2 **Describe Vehicle 2:** 13d. Ownership or leasing costs using IRS Local Standard..... 471.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Copy Repeat this here amount on line Total average monthly payment 0.00 0.00 33c. 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 471.00 471.00 Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim 0.00 more than the IRS Local Standard for Public Transportation.

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Debtor 1 Debtor 2 SOTO VILLANUEVA, JOSE R & ORTIZ POLACO,

Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense of the following IRS categorie | | isted above, y | ou are allowed your monthly expenses for | | |
|-----|---|--|--|--|--|----------|----------|
| 16. | 5. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | | | | | \$ | 499.03 |
| 17. | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | | | | | | |
| | Do not include amounts that | t are not required by your job | , such as vo | oluntary 401(k |) contributions or payroll savings. | \$ | 1,492.28 |
| 18. | b. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | | | | | \$ | 0.00 |
| 19. | Court-ordered payments: agency, such as spousal or | | at you pay a | as required by | the order of a court or administrative | | |
| | Do not include payments o | n past due obligations for sp | ousal or ch | nild support. Y | ou will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total month ■ as a condition for your journing. | , , , , | ducation tha | at is either req | uired: | | |
| | for your physically or me | ntally challenged dependent | child if no p | ublic educatio | n is available for similar services. | \$ | 0.00 |
| 21. | | lly amount that you pay for ch r any elementary or seconda | | | ng, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | required for the health and savings account. Include o | | dents and th than the tot | nat is not reimb tal entered in | | \$ | 0.00 |
| 23. | 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | +\$ | 0.00 |
| 24. | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS expe | nse allowa | inces. | | \$ | 5,828.74 |
| Add | litional Expense Deduction | ns These are additional of | deductions a | allowed by the | Means Test | L | |
| | | | | | | | |
| 25. | | Note: Do not include : | any expense | e allowances li | isted in lines 6-24. | | |
| | | ity insurance, and health s | avings acc | ount expens | es. The monthly expenses for health necessary for yourself, your spouse, or you | ır | |
| | insurance, disability insurar | ity insurance, and health s | avings acc | ount expens | es. The monthly expenses for health | ır | |
| | insurance, disability insurar dependents. | ity insurance, and health s | avings accunts that are | count expens e reasonably r | es. The monthly expenses for health | ır | |
| | insurance, disability insurar dependents. Health insurance | ity insurance, and health s | avings accurate that are | count expens e reasonably r | es. The monthly expenses for health | ır | |
| | insurance, disability insurar dependents. Health insurance Disability insurance | ity insurance, and health s | avings accounts that are | e reasonably r | es. The monthly expenses for health | ır \$ | 0.00 |
| | insurance, disability insurar dependents. Health insurance Disability insurance Health savings account | ity insurance, and health s nce, and health savings acco total amount? | avings accounts that are | e reasonably r | es. The monthly expenses for health necessary for yourself, your spouse, or you | | 0.00 |
| | insurance, disability insurar dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this | ity insurance, and health s nce, and health savings acco total amount? | avings accounts that are | e reasonably r | es. The monthly expenses for health necessary for yourself, your spouse, or you | | 0.00 |
| 26. | insurance, disability insurar dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do y Yes Continued contributions continue to pay for the reas household or member of yo | ity insurance, and health s nce, and health savings according total amount? you actually spend? to the care of household of onable and necessary care a | sunts that are \$ + \$ s or family meand support nable to pay | embers. The of an elderly, or for such expense. | es. The monthly expenses for health necessary for yourself, your spouse, or you | | 0.00 |
| | insurance, disability insurar dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do younger yes Continued contributions continue to pay for the reas household or member of you contributions to an account Protection against family | ity insurance, and health sace, and health sace, and health savings according total amount? You actually spend? to the care of household of onable and necessary care a ur immediate family who is ure of a qualified ABLE program. | * s * s * family me and support nable to pay. 26 U.S.C. ecessary m | embers. The of an elderly, of for such expens. § 529A(b). onthly expens | ces. The monthly expenses for health necessary for yourself, your spouse, or you complete the complete that you will chronically ill, or disabled member of your enses. These expenses may include es that you incur to maintain the safety of | \$\$ | |
| | insurance, disability insurar dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do y Yes Continued contributions continue to pay for the reas household or member of yo contributions to an account Protection against family you and your family under the | ity insurance, and health sace, and health sace, and health savings according total amount? You actually spend? to the care of household of onable and necessary care a ur immediate family who is ur of a qualified ABLE program violence. The reasonably n | s s s s s s s s s s s s s s s s s s s | embers. The of an elderly, of for such expenses, § 529A(b). onthly expenses Act or oth | ces. The monthly expenses for health necessary for yourself, your spouse, or you complete the complete that you will chronically ill, or disabled member of your enses. These expenses may include es that you incur to maintain the safety of | \$\$ | |

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SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, Debtor 1 Debtor 2 **JOCELINE** Case number (if known) Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount 0.00 claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). 0.00 Do not include any amount more than 15% of your gross monthly income. 0.00 32. Add all of the additional expense deductions. Add lines 25 through 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home Average monthly payment 33a. Copy line 9b here 1,139.00 Loans on your first two vehicles 33b. Copy line 13b here 350.57 33c. Copy line 13e here 0.00 33d. List other secured debts Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No SISTEMA DE RETIRO AEE SISTEMA DE RETIRO AEE 268.74 Yes No Yes No П Yes Copy

Official Form 122C-2

1,758.31

total

here=>

1.758.31

33e. Total average monthly payment. Add lines 33a through 33d

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SOTO VILLANUEVA, JOSE R & ORTIZ POLACO,

| ebtor 2 JC | OCELINE | | | Cas | e number (if known) | | | |
|-----------------------------|--|--|---------------------------------------|---------------|---------------------|------------------------|-----------|----------|
| | ny debts that you listed in line property necessary for your s | | | | or | | | |
| ☐ No | o. Go to line 35. | | | | | | | |
| ■ Ye | is. State any amount that you r line 33, to keep possession of 60 and fill in the information | of your property (called the | | | | | | |
| Name of t | he creditor | Identify property that sec | ures the debt | | Total cure amount | | Monthly c | ure |
| BANCO MORTO | POPULAR BAGE | | | \$ | 1,138.80 | ÷ 60 = \$ | | 18.98 |
| MERCE SERVIC | EDES BENZ FINANCIAL CES | | | \$ | 1,390.80 | ÷ 60 = \$ | | 23.18 |
| | | | | \$ | | ÷ 60 = +\$ | | |
| | | | | Total | \$\$ | Copy total here= | » \$ | 42.16 |
| ■ No | b. Go to line 36. s. Fill in the total amount of all priority claims, such as thos | | o not include | current or on | going | | | |
| | Total amount of all past-du | e priority claims | | | \$ | ÷ 60 | \$ | 0.00 |
| 36. Projec | ted monthly Chapter 13 plan p | payment | | | \$ | _ | | |
| Office Execut To find | nt multiplier for your district as st of the United States Courts (for tive Office for United States Trus a list of district multipliers that include te instructions for this form. This list | districts in Alabama and I tees (for all other districts) les your district, go online usi | North Carolina I. Ing the link spec | a) or by the | x | ☐ Copy tot | al | |
| Averag | ge monthly administrative expens | е | | | \$ | here=> | \$ | |
| | all of the deductions for debt places 33e through 36. | payment. | | | | | \$ | 1,800.47 |
| Total Ded | uctions from Income | | | | | | | |
| 38. Add a l | Il of the allowed deductions. | | | | | | | |
| | r line 24, All of the expenses allownse allowances | ved under IRS | \$ | 5,828.74 | , - | | | |
| Сору | line 32, All of the additional expe | ense deductions | \$ | 0.00 | <u> </u> | | | |
| Сору | line 37, All of the deductions for | debt payment | +\$ | 1,800.47 | - - | | | |
| Total | deductions | | \$ | 7,629.21 | Copy total here= | > | \$ | 7,629.21 |

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SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, Debtor 1 **JOCELINE** Debtor 2 Case number (if known) Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 5,481.43 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be 0.00 expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 0.00 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 7,629.21 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Copy 0.00 0.00 **Total** Сору 7,629.21 7,629.21 here=> -\$ 44. Total adjustments. Add lines 40 through 43 -2,147.78 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Reason for change Date of change Increase or Line Amount of change decrease? ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ Increase ☐ 122C-1 ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ■ 122C-2 ☐ Decrease

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| Debtor 1 Debtor 2 | SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOCELINE | Case number (if known) |
|----------------------|--|---|
| | | |
| Part 4: | Sign Below | |
| | By signing here, under penalty of perjury you declare that the information | on on this statement and in any attachments is true and correct. X /s/ JOCELINE ORTIZ POLACO |
| l | JOSE R SOTO VILLANUEVA | JOCELINE ORTIZ POLACO |
| Date | Signature of Debtor 1 October 29, 2016 | Signature of Debtor 2 Date October 29, 2016 |
| | MM / DD / YYYY | MM / DD / YYYY |

Certificate Number: 12459-PR-CC-028132922



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>September 28, 2016</u>, at <u>7:04</u> o'clock <u>PM PDT</u>, <u>Jose R Soto</u> received from <u>Abacus Credit Counseling</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Puerto Rico</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: September 28, 2016 By: /s/SuAnne Fried-Goodman

Name: SuAnne Fried-Goodman

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 12459-PR-CC-028132923



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>September 28, 2016</u>, at <u>7:04</u> o'clock <u>PM PDT</u>, <u>Joceline Ortiz</u> received from <u>Abacus Credit Counseling</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Puerto Rico</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: September 28, 2016 By: /s/SuAnne Fried-Goodman

Name: SuAnne Fried-Goodman

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee | |
|---|-------|-------------------|--|
| + | \$75 | administrative fe | |
| | \$275 | total fee | |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| - | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:16-08627-ESL13 Doc#:1 Filed:10/29/16 Entered:10/29/16 09:55:42 Desc: Main Document Page 61 of 61

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Puerto Rico, San Juan Division

| | District of 1 uer to | Rico, San Juan Divisi | 1011 | |
|------|---|---|--|---|
| In 1 | re SOTO VILLANUEVA, JOSE R & ORTIZ POLACO, JOC | | Case No. | |
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPENSAT | ION OF ATTORN | EY FOR I | DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cert compensation paid to me within one year before the filing of the p be rendered on behalf of the debtor(s) in contemplation of or in co | etition in bankruptcy, or ag | greed to be pai | d to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 3,000.00 |
| | Prior to the filing of this statement I have received | | \$ | 2,250.00 |
| | Balance Due | | \$ | 750.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation v firm. | vith any other person unles | s they are me | mbers and associates of my law |
| | ☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal | l service for all aspects of t | he bankruptcy | case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advices. b. Preparation and filing of any petition, schedules, statement of a control of the debtor at the meeting of creditors and control of the provisions as needed. i. [Other provisions as needed] i. The fee agreement between THE BATISTA LAW standard rate of \$225.00 per hour for services per attorneys will be charged at the rate of \$125.00, a accountant at the rate of \$75.00 per hour. Exper by THE BATISTA LAW GROUP, PSC. and understanding the provision of the debtor at the meeting of creditors and control of the debto | affairs and plan which may nfirmation hearing, and any GROUP, PSC and debt erformed by Jesus E. B and matters attended b nses will be charged at | be required; y adjourned he cor(s) provid satista. Matt by paralegal their cost/p | earings thereof; les for fees to be billed at the ters attended by associate staff and/or in-house price. The fees were collected |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any dischargea actions, adversary proceedings, preparation and or preparation and filing of motions pursuant to In addition, this agreement is limited to Bankrup not include any work in local state courts, admir court. | bility actions, judicial I d filing of reaffirmation 11 USC 522(f)(2)(A) for tcy work up to Debtor's | lien avoidan agreements avoidance s Discharge | s and applications as needed of liens on household goods. Order. This agreement does |
| | CERTI | FICATION | | |
| this | I certify that the foregoing is a complete statement of any agreeme bankruptcy proceeding. | nt or arrangement for payr | ment to me for | representation of the debtor(s) in |
| | October 29, 2016 | /s/ Jesus E. Batista Sa | nchez | |
| _ | Date | Jesus E. Batista Sanci | | |
| | | Signature of Attorney The Batista Law Group | o, PSC | |
| | | | | |
| | | 420 Ave. Ponce De Leo San Juan, PR 00918 | on 901 | |
| | | (787) 355-7104 Fax: (7 | 787) 777-158 | 39 |
| | | jesus.batista@batistal | | |
| | | Name of law firm | | |